



## KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

### VERIFICATION OF CLINICAL SUPERVISION

**Documentation of 300 hours of direct supervision by a Board Approved Certified Alcohol and Drug Counselor or a Licensed Clinical Alcohol and Drug Counselor must be documented. This form must be completed by the applicant and signed by the clinical supervisor.**

In accordance with 201 KAR 35:010, Section 1 (9), "clinical supervision" means a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive. These activities are observed/reviewed by the clinical supervisor who provides timely positive and constructive feedback to assist the counselor in the learning process. Methods of supervision include: face-to-face, video, observation, or telephone/conference. A minimum of 300 hours of direct clinical supervision from a Board approved clinical supervisor is required. **A minimum of 10 hours of face-to-face clinical supervision must be documented in each of the 12 core functions.**

APPLICANT/SUPERVISEE'S NAME: \_\_\_\_\_

APPLICANT/SUPERVISEE'S STRENGTHS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT/SUPERVISEE'S WEAKNESSES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

COMPLETE THE FOLLOWING **SUMMARY** OF CLINICAL SUPERVISION HOURS - SPECIFIC DETAILS MUST ACCOMPANY THIS PAGE. USE AS MANY PAGES AS NECESSARY TO PROVIDE DETAILS OF CLINICAL SUPERVISION. NUMBER EACH PAGE.

CORE FUNCTION	Number of Face-to-Face Hours	TOTAL NUMBER OF HOURS
Screening		
Client Intake		
Client Orientation		
Client Assessment		
Treatment Planning		
Individual Counseling		
Group Counseling		
Family Counseling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports and Recordkeeping		
Consultation		
TOTAL		

**Affidavit:** I verify that the information documented above is true and accurate to the best of my knowledge and belief.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

## CORE FUNCTION: SCREENING

The process by which a client is determined appropriate and eligible for admission to a particular program. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

**Total Number of Hours in Screening** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

**CORE FUNCTION: CLIENT INTAKE**

The process of collecting client information at the beginning of treatment that is used in assessment of a client for treatment. (Methods of supervision include face-to-face, video, observation, or telephone.)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

**Total Number of Hours in Client Intake** \_\_\_\_\_

Page \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

## CORE FUNCTION: CLIENT ORIENTATION

Individual or group session to familiarize clients with program services, expectations and goals. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Client Orientation** \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: CLIENT ASSESSMENT

The process by which a counselor identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment plan. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Client Assessment** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: INDIVIDUAL COUNSELING

A one-to-one counselor/client process for the purpose of assessing a client's problems and facilitating appropriate changes. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

**Total Number of Hours in Individual Counseling**\_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

**CORE FUNCTION: TREATMENT PLANNING**

Defining areas of problems and needs, establishing long and short-term goals, and developing appropriate tools for reaching these goals. (Methods of supervision include face-to-face, video, observation, or telephone.)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

**Total Number of Hours in Treatment Planning** \_\_\_\_\_



Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: GROUP COUNSELING

A process involving clients for the purpose of jointly exploring the client's problems and facilitating appropriate changes. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

**Total Number of Hours in Group Counseling** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: FAMILY COUNSELING

A process of exploring the dynamics of the family system and facilitating appropriate changes. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

**Total Number of Hours in Family Counseling** \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

**CORE FUNCTION: CASE MANAGEMENT**

Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts. (Methods of supervision include face-to-face, video, observation, or telephone.)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

**Total Number of Hours in Case Management** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: CRISIS INTERVENTION

Those services which respond to an alcohol and/or drug abuser's needs during acute emotional and/or physical distress. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Crisis Intervention** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: REFERRAL

Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

### Total Number of Hours in Referral

Page \_\_\_\_\_

Supervisee's Applicant Name \_\_\_\_\_

## CORE FUNCTION: CLIENT EDUCATION

Seminars or workshops which have the major goal of increasing the clients knowledge and patterns of problematic behavior. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Client Education** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: REPORTS AND RECORD KEEPING

Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries, and other client related data. This includes written communications and other professionals regarding a client's needs and treatment planning. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

**Total Number of Hours in Reports and Record Keeping** \_\_\_\_\_

Page \_\_\_\_\_

Supervisee's Name \_\_\_\_\_

## CORE FUNCTION: CONSULTATION

Relating with counselors and other professionals in regard to client treatment (services) to assure comprehensive, quality care for the client. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Consultation**\_\_\_\_\_

Page \_\_\_\_\_